



PATENT APPLICATION

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

) :) :	Examiner: A.H. Bi Art Unit: 2143	lgrami	# 6 7.D. 04/07/2	
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:)):	March 26, 2003	APR 0 4 2003 Technology Center 2100		
) :) :) :)) Art Unit: 2143) :) :)) :) RECEI :) APR 0 4	

Commissioner for Patents Washington, D.C. 20231

AMENDMENT

Sir:

The present Amendment has been prepared in accordance with a Revised Format established by the U.S. Patent and Trademark Office, as permitted in the Pre-OG Notice entitled "Amendments in a Revised Format Now Permitted."

In response to the Office Action dated December 26, 2002, the Examiner is respectfully requested to amend the above-identified application as follows:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to:

Commissioner for Patents, Washington, D.C. 20231 on

March 26, 2003
(Date of Deposit)

Lock See Yu-Jahnes (Reg. No. 38,667)
(Name of Attorney for Applicant)

March 26, 2003
(Signature)

March 26, 2003
(Date of Signature)







In re Application of:

HIROYUKI FUJIYOSHI

Application No.: 09/516,112

Filed: March 1, 2000

For: INFORMATION PROCESSING APPARATUS,

SYSTEM AND METHOD

COMMISSIONER FOR PATENTS

Washington, D.C. 20231

Docket No. 00862.021854

Examiner: A.H. Bilgrami

Art Unit: 2143

Date: March 26, 2003

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APR 0 4 2003

Technology Center 2100

Sir:

Transmitted herewith is an Amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* . 94	MINUS	** 94	0	x \$9 \$18	0
INDEP. CLAIMS	* 8	MINUS	***	0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280					0	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					0	

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	A check in the amount of \$ is enclosed.			
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.			
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.			
	A check in the amount of \$ to cover the fee for a month extension is enclosed.			
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.			
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.			
	Respectfully submitted,			
	Attorney for Applicant LOCK SEE U- JAHNES Registration No. 38,667			
FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200				

Form #120

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